



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **April 3, 2006**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Patricia Curry
Ann E. Franzen
Helen A. Kleinberg
Daisy Ma
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Sandra Rudnick
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Hon. Joyce Fahey
Susan F. Friedman
Wendy L. Ramallo
Adelina Sorkin
Stacey F. Winkler

APPROVAL OF THE AGENDA

The agenda for the April 3, 2006, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the March 20, 2006, general meeting were unanimously approved as amended.

CHAIR'S REPORT

- Nansi Buenrostro will be moving from the Commission office to another opportunity within the Executive Office, and Chair Kleinberg thanked her for all her work on the Commission's behalf. The personnel committee has been discussing the open position, and will address the Commission on that topic at its next meeting.
- Chief Probation Officer Paul Higa had a serious stroke last Friday, and the Commission's thoughts go out to him and his family, in hopes of a full recovery.
- Chair Kleinberg thanked Helen Berberian for the follow-up information she amassed on separating data on wraparound outcomes by department (DCFS and Probation). Chair Kleinberg would like to return to the discussion at another time.
- If Commissioners have further ideas about the more effective organization of materials for meeting packets, please let Dana Blackwell know.

DIRECTOR'S REPORT

- Mitch Mason reported that, with only nine hours to go before the midnight deadline on March 31, the Federal government approved the IV-E funding waiver that has been the subject of negotiation for nearly two years. This is the largest waiver ever granted for the child welfare system, and will allow \$300 to \$400 million per year in Title IV-E dollars to be used for alternative strategies that include preventative services, family reunification efforts, and supportive aftercare. The waiver is based on the last three years of claims made to the Federal government and a 2 percent growth rate, which, Mr. Mason said, would provide a favorable financial climate for the department's ongoing efforts. (The Federal government proposed a 1 percent growth rate, which would have yielded approximately \$200 million per year, while the county originally asked for 4 percent. The compromise rate—yielding \$300 to \$400 million—is still over a quarter of the department's budget.) The Probation Department is part of the waiver, at the Federal government's behest.

The first three to six months of the waiver period will be spent in extensive planning and establishing strong baseline data, building on work done over the last three years in team decision-making, strategic decision-making, point of engagement, and concurrent planning. Instead of having to claim reimbursements within certain categorical funding streams, the department can now be more flexible in offering services. The allocation is capped, however, and fluctuations in caseloads will need to be managed so the department lives within its means. Most costs and services are included under the waiver, with the exception of training, licensing (for intensive therapeutic foster care homes, for example), and the automated CWS/CMS data system.

Commissioner Biondi suggested talking with other jurisdictions that have obtained similar waivers (Florida was granted one during this same approval cycle), and studying the Child Welfare League of America's related literature. Commissioner Curry recommended writing a letter of congratulations to director David Sanders and his chief negotiator, Joan Smith, thanking them for their work. Commissioner Biondi

mentioned that former Commissioner Nancy Daly Riordan had involved U.S. Representative David Drier, as well.

- Trish Ploehn announced that a letter going before the Board of Supervisors tomorrow is requesting more staff for the department, growth considered critical to the internal redesign that will allow DCFS to achieve its new outcomes and maintain its new service delivery system. The request for 301 positions includes 190 case-carrying children's social workers, 56 supervisors, a couple of low-level managers, and the remainder in clerical and support roles. Programs to be enhanced include the concurrent planning redesign, the Permanency Partners Program (doubling the P3 staff from 47 to 90), team decision-making, kinship, and a handful of human resources staff to hire and maintain these new positions. Four mentoring positions will be filled from current items now vacant.

Since Dr. Sanders is in Sacramento today working on the waiver follow-up, he asked Ms. Ploehn to seek Commissioners' feedback on these requests. Commissioner Biondi warned of the dangers of the administrative end outnumbering staff who actually deliver services, and Vice Chair Rudnick would love to see more mentors. The emancipation section, Commissioner Curry noted, has been asking for four years for a person to develop private community resources for emancipating youth—someone who could get vouchers for clothes from Target, for instance, ask Coca-Cola to sponsor scholarships, or build relationships with foundations. Commissioner Ma agreed, saying that more than one resource specialist was needed.

Even though the creation of an education unit has long been approved by the Board of Supervisors, Chair Kleinberg said, it has never been established. Representatives from education need to become more involved department-wide, especially in team decision-making meetings, so that children are successful in school. Literacy is a huge problem, as is the high school exit exam that is looming for many. Ms. Ploehn said that the department's plan is to combine education and mentorship, and a suitable structure is being looked at.

Commissioner Williams has asked for years for someone skilled in grant-writing, so that the department can better position itself to access public/private partnerships and other government resources. One kinship program, for example, gets only \$100,000 when she understands it is entitled to five times that. Fully staffing the kinship division (now at only 70 percent) is also desirable, particularly with a recent court case and having to expend resources around regulatory issues rather than support. Increasing the number of kinship resource centers would also help, since they address the issues of Kin-gap families who are out of the system but still need assistance in order not to return. Of the 301 positions, 10 percent are for the kinship division, Ms. Ploehn said. The kinship conference last week, Chair Kleinberg said, made very clear the needs and sacrifices of these families, especially when it comes to special-needs children. She encouraged stronger ties to Regional Centers.

ALCOHOL AND DRUG SERVICES

Donna Fernandez, program manager for DCFS's health, mental health, and substance abuse services, introduced a panel to discuss substance abuse, which is estimated to affect between 40 to 80 percent of families known to the child welfare system.

Dr. Nancy Young, the executive director of Children and Family Futures, which staffs the National Center on Substance Abuse and Child Welfare (www.ncsacw.samhsa.gov), presented data on the intersection between child welfare and substance abuse disorders. Risks for children exists when parents use or abuse drugs and/or alcohol, or are involved in manufacturing or trafficking. Most often, however, children are put at risk by parents who are dependent on these substances, or by mothers who use while they are pregnant. Eleven percent of children in the United States (8.3 million) are estimated to be living with one or more parents who are dependent on alcohol and/or who need treatment for illicit drug use—about three children in every elementary school classroom.

In Los Angeles County, about 305,800 children are living with one or more substance-abusing parents, but only about 28,000 are in out-of-home care for child abuse and neglect. What does this mean in terms of intervention? When is the disorder dangerous enough that children should be removed, and what criteria should be used?

A national survey done in 2002 and 2003 by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services polled women about their alcohol and illicit drug use during pregnancy, and found, among other things, binge alcohol use in the first trimester among more than 10 percent of women. The most recent data available in California, which performed a randomized screening at birth in 1992, indicates that 11 percent of babies were prenatally exposed to substances. (California is the only state to have collected such data.) Applying this figure to 2004's total estimated births in Los Angeles (153,000) yields 16,830 children prenatally exposed. Yet the total of child victims under age one in the system is only 2,800, and the total of children age two and under in out-of-home care is only 4,270. The conclusion is that most prenatally exposed children go home without detection or early intervention.

Because data on substance abuse is seldom a required element anywhere (there is no field for it in Los Angeles County's CWS/CMS system), it is impossible to tell accurately what the issue's impact is on child welfare caseloads. The Federal government believes that at least one-third of referrals and two-thirds of removals involve families with a substance abuse disorder. And though substance abuse is seldom addressed in independent living or emancipation programs, national studies show that youth in foster care are more likely to use alcohol and illicit drugs, and to need treatment, than other youth.

Over the last eleven years, Sacramento County has instituted comprehensive reforms that include cross-systems training, priority access to treatment for parents in the child welfare system, early intervention and recovery management specialists, and a dependency drug court. As a result, more families are reunifying, adoptions and guardianships are less necessary, and fewer children are in long-term placement.

Commissioner Biondi asked whether children in the probation system were being tracked separately, and Dr. Young said that was not being done anywhere on an ongoing basis, to her knowledge; in many states, the dependency and delinquency populations are not paired as they are in California.

Iris Courtney, with DCFS's community-based support division, is in charge of a new family support program, starting today, that works with the Department of Health Services to provide alcohol and drug assessments and treatment to the families of children in placement for 15 months or less, including kinship families. (Approximately 9,000 children qualify time-wise, though it is not known how many are from families with substance abuse disorders.) The program is funded for three years at \$3.2 million per year, and offers both residential and outpatient treatment options. Ms. Courtney's two-person section is publicizing the service at the regional offices, e-mailing flyers to workers, and organizing training. Over the next two years, public health nurses will also make referrals, but the initial phase of the program has been pulled together very quickly—the money for the first year must be spent by June—and staff is limited. It is hoped that this program will become a broader piece within the department's push for safe and stable homes.

Richard Browne, director of the program development and technical assistance division of DHS's alcohol and drug program administration, distributed information on the Community Assessment Service Centers (CASCs) and procedures for the joint project with DCFS. Historically, the 21 CASC sites have performed substance and mental health assessments for three categorically funded populations: general relief, CalWORKs, and Proposition 36. Now that categorical funding is available for reunification efforts, the same procedures, forms, and referrals will be used, with information flowing to the children's social workers, and providers working on multidisciplinary teams.

Since most families in the child welfare system qualify for Medi-Cal, Commissioner Curry asked if EPSDT dollars were also being used. Ms. Courtney said they were; this new pot of money is for families with no other resources. Commissioner Curry then asked about links with Mental Health Services Act (MHSA) funding, and Ms. Courtney explained that the CASC assessment connects clients with mental health services, identifying those who need them.

Malala Elston, project director for the CASC in SPA 7 run by the California Hispanic Commission on Alcohol and Drug Abuse, Inc., distributed information on that public/private partnership. (Cal Hispanic is also part of the drug court experiment being developed at the juvenile court.) With the new program, she expects referrals from the DCFS Santa Fe Springs and Belvedere offices to increase exponentially. At present, the SPA 7 CASC sees between 500 and 800 people a month. The majority are men with heroin, methamphetamine, and mental health disorders; female clients also suffer from severe depression as a result of domestic violence. Homelessness and illiteracy are regional problems, with the latter being a major difficulty for clients of treatment programs that

require reading and writing. Situated in a heavily Spanish-speaking area, the CASC provides services bilingually and biculturally.

SPA 7 has tremendous needs in the mental health arena, and the fewest resources of any SPA, particularly for women, children, and families. It also has few services for dual-diagnosed clients, which CASC staff see often in the population coming out of jail, as many as 90 percent of whom have mental health issues. Methamphetamine is the drug of choice in the region; its use accelerates the aging process, causing a need for a range of health services normally associated only with seniors. Heroin users are often motivated into treatment by the thought of getting their children back, but treatment for meth users requires much effort and its success rate is low.

SHIELDS for Families, explained executive director Kathy Icenhower, was founded in response to the number of infants born prenatally exposed to drugs at King/Drew Medical Center—1,200 per year in 1987, now down to below 200. The agency is one of the few that takes the mother and the entire family into residential treatment for 18 to 24 months, with another year's transition back into the community. SHIELDS has been working with Cal-Hispanic on countywide training on drug and alcohol issues, and has had a full-time assessment staff position at the juvenile court for the past seven years, as well as two full-time staff at Compton Superior Court. A large percentage of its clients are involved in the child welfare system as well as with drugs, and many of them are men; programs for fathers and children are greatly needed.

The CASC run by SHIELDS in SPA 6 performs between 100 and 120 substance abuse assessments per month, 70 percent of which are referrals from DCFS. Of all regions in Los Angeles County, SPA 6 has the most children in out-of-home care, although those numbers are dropping in Compton (a 31 percent decrease in the last year) and Watts.

SHIELDS is one of the first agencies to be involved in point of engagement, starting in February 2004 with the Wateridge office and in July 2004 in Compton. (It is also working in the Hawthorne office, but at a lesser level, since the work is unfunded.) If an emergency response worker visits a home and observes high-risk substance abuse, mental health problems, or domestic violence, SHIELDS is notified and sends a licensed clinician to the home to perform an assessment (included in the packet Ms. Icenhower distributed). Is the caregiver capable of having the child remain in the home? Is an alternate plan available that can keep the child safe? Can the family be kept together and the court system avoided? Within 24 hours, the family is linked to services, SHIELDS staff participate in team decision-making sessions with clinicians, and intensive in-home counseling may be offered. Since February 2004, SHIELDS has performed 1,040 of these assessments, and only 40 cases have been moved to court-ordered detention.

Three months of Compton office records were included in the packet, with confidential information whited out. In the majority (about 65 percent) the primary presenting problem was related to mental health. Of those, close to 60 percent also involved substance abuse, and Ms. Icenhower reported a growing understanding of the overlap there—MHSA funds, for example, are being specifically allocated to co-occurring disorders.

When asked about the population breakdown of CASC clients, Ms. Elston said that the majority of those in SPA 7 are men, with CalWORKs clients being 90 percent women presenting a disproportionate amount of domestic violence issues. Programs need to move to serving families with children and dual-diagnosis clients. SHIELDS clientele are 75 percent female caregivers, though a significant number of men are also coming in. In the family preservation program, 40 to 50 percent of clients are two-parent families. Thirty percent of the Sacramento County population, Dr. Young said, is composed of fathers working to reunite with their children.

Commissioners congratulated the panel and asked about the capacity to replicate these efforts throughout the county if money is available. Ms. Icenhower said that the CASC system is very effective at treatment matching, monitoring, and follow-up. The new program was originally conceived as part of point of engagement, Mr. Browne said, but was moved under reunification when funds became available. Other jurisdictions are being similarly creative, Dr. Young said, citing Sacramento County's intensive recovery management services, which use tobacco settlement funds and pull down state and Federal monies for case management. In Delaware, a Title IV-e waiver authorizes both a substance abuse worker and a case-carrying child welfare worker. According to Ms. Fernandez, DCFS is talking to Children and Family Futures about improving data collection and inventorying the funding streams available for more substances abuse services. Blending funds is imperative, Chair Kleinberg said, to get families what they need.

RESPONSE TO APPROVED PREVENTION MOTION

The Board of Supervisors has included the Commission—along with the Children's Planning Council, ICAN, and the New Directions Task Force—in its motion charging the Chief Administrative Office with developing a child abuse prevention plan, along with costs, implementation strategies, and a timetable. Before meeting with the other groups involved, Chair Kleinberg wanted to confirm that the Commission wished to maintain its stance that a prevention plan has already been created (by last year's prevention work group) and that consultants must be hired and Service Integration Branch staff increased in order to implement that plan.

Commissioner Biondi requested that the Probation Department be specifically added to the countywide prevention coalition recommended by the plan. With that addition, the Commission agreed by consensus to present its continuum of family-centered, community-based services to the first meeting held in response to the Board motion.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED